## **FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91410 020 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

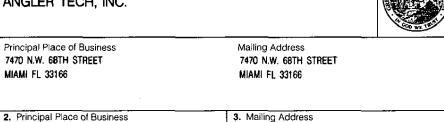
DOCUMENT #

ANGLER TECH, INC.

CITY-ST-ZIP



K41566



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Suite, Apt. #, 6	etc.	Suite, Apt. #, e	etc.	☐ CHECK HERE IF MAKING CHANGES						
City & State		City & State	<b>3</b> 1		65-0081810		Applied For			
		· .					Not Applicable			
Zip	Country	. Zip	Country	1 1 5. Certificate of Status Desired 1 1 Y				8.75 Additional ee Required		
	6. Name and Address of Cu	rrent Registered Agent			7. Name and Address of New	of New Registered Agent				
				Name						
MURPHY, WILLIAM H. 7470 NW 68 STREET				Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL 331	166									
				City		F	Zip C	ode		
	med entity submits this statem of registered agent.	nent for the purpose of cha	nging its registered	office or registere	ed agent, or both, in the State of	Florida. I a	am familiar w	th, and accept		
IGNATURE	ature, typed or printed name of registered	d agent and title if applicable.	(NOTE: Registered A	gent signature required v	when reinstating)	DAT	E			
<ul><li>After Ma</li></ul>	NOW!!! FEE IS \$150.0 by 1, 2003 Fee will be \$55 lyable to Florida Departmo	0.00	· 및 2 4 명기 발판(표 ) , 교	agent in respect to a	Election Campaign. Trust Fund Contribu			5.00 May Be ded to Fees		

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		CERS AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Murphy, William H. 7470 NW 68TH ST Miami Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVERTHORNE, DENNIS 7470 NW 68TH ST MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		Change	Addition	

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CR2E034 (10/02)